PRO DUFFERS ORLANDO

Orlando Florida Chapter New Membership Application

The purpose of this organization is to promote and encourage a greater interest through its chapter members and the public in the game of golf and related social, civic, and charitable activities.

Name (Print)			Date	
(Last)	(First)	(MI)		
Address		City	State	
Zip				
Spouse name /Significant Oth	er			
	(First)	(Last, if differe	ent from applicant)	
Telephone(s): (H)	(C)		_Other:	
Email:		GHIN #:		
Occupation:				
(If retired, please stat	e previous employment,	also include Military	Retirement)	
Areas of Expertise/Hobbies or	nterest			
Pro Duffer Sponsor				
Enclosed is \$225.00 with my a	application.			
	oplication for membersh			
 \$50 for two shirts (available colors selected for chapter members). Commitment to purchase the Club Blazer (Augusta Green) by the next Chapter/National 				
			ne next Chapter/National	
	Event after Chapter acceptance of my membership. Associate membership dues \$85			
	- F F			

Signature: _____

Make check payable to: **<u>Pro Duffers Orlando</u>** and give your application to a Board member at the next outing <u>or</u> mail with this application to:

Name: Pro Duffers Orlando C/O Thomas Crosskey P.O. Box 702620 St. Cloud, Florida 34770